U.S. Securities and Exchange Commission

Notice of Exempt Offering of Securities

Washington, DC 20549

(See instructions beginning on page 5) Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB Number: 3235-0076 Expires: March 31, 2009

Estimated average burden hours per response: 4.00

tem 1. Issuer's Identity		
Name of Issuer	Previous Name(s) None	Entity Type (Select one)
HarborLight Diversified Fund, L.P.	r	Corporation
Jurisdiction of Incorporation/Organization	AJD Diversified Fund PLUS, L.P.	
Delaware		Limited Liability Company
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Years (specify year)	Yet to Be Formed	General Partnership Business Trust Other (Specify)
(If more than one issuer is filing this notice, check the learning of Business and		attaching Items 1 and 2 Continuation Page(s).)
Street Address 1	Street Address 2	OBOOEs
FOOD W. Words Avenue		PRUCESTED
5002 W. Water Avenue		Phone No. MAR 27
	e/Province/Country ZIP/Postal Code	Phone No. WAT & /
Tampa	ida 33634	813.600 HOWSON DELITEDS
tem 3. Related Persons		
Last Name	First Name	Middle Name
HarborLight Management, L.P.		
Street Address 1	Street Address 2	
5002 W. Water Avenue		
	/Province/Country ZIP/Postal Code	
) (A BERTA BENTA CERTA BETA BETA BETA BETA BETA BETA BETA BE
Tampa Flori	da 33634	
Relationship(s): Executive Officer Dir	ector Promoter	09036288
Clarification of Response (if Necessary) General	Partner	
<u> </u>		
identity add (Select one) (Select one)	itional related persons by checking this box	and attaching Item 3 Continuation Page(s).)
<u> </u>	Business Services	
Banking and Financial Services	Energy	Construction REITS & Finance
Commercial Banking	Electric Utilities	(ATI) 1-7003-81
Insurance	Energy Conservation	Residential Scotion Other Real Estate
Investing	Coal Mining	- Unit 1 2 an
Investment Banking	Environmental Services	<u> </u>
Pooled Investment Fund	Oil & Gas	Restaurants
If selecting this industry group, also select one	fund Other Energy	Technology Washington,
type below and answer the question below:	Health Care	Computers 1000
Hedge Fund	Biotechnology	$\sum_{i=1}^{n}$
Private Equity Fund	Health Insurance	Other Technology
Venture Capital Fund	Hospitals & Physcians	Travel
Other Investment Fund	O Pharmaceuticals	Airlines & Airports
Is the issuer registered as an investment	Other Health Care	Lodging & Conventions
company under the Investment Compar	· Manusia et suin e	Tourism & Travel Services
Act of 1940? () Yes (•) No	Real Estate	Other Travel
Other Banking & Financial Services	Commercial	Other
	<u> </u>	→

U.S. Securities and Exchange Commission Washington, DC 20549

Item 5. Issuer Size (Select one)	Washington, DC 20549
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	specifying "hedge" or "other investment" fund in
No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
O Decline to Disclose	Decline to Disclose
Not Applicable	O Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	
	Investment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
○ New Notice OR	ent
Date of First Sale in this Offering:	OR First Sale Yet to Occur
Item 8. Duration of Offering	<u> </u>
Does the issuer intend this offering to last more tha	n one year? X Yes No
Item 9. Type(s) of Securities Offered (Selec	t all that apply)
☐ Equity	▼ Pooled Investment Fund Interests
☐ Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire	☐ Mineral Property Securities☐ Other (Describe)
Another Security Security to be Acquired Upon Exercise of Option,	
Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busi transaction, such as a merger, acquisition or exchange of	
Clarification of Response (if Necessary)	

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 11. Minimum Investment

Minimum investment accepted from any outside investor	\$ 1,000,000 (subject to waiver)
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
GunnAllen Financial, Inc.	17609 No CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
5002 W. Water Avenue	
City State/Provi	ince/Country ZIP/Postal Code
Tampa Florida	33634
States of Solicitation All States AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NJ NM RI SC SD TN TX UT (Identify additional person(s) being paid compen	CT DE DC FL GA HI ID ME MD MA MI MN MS MO NY NC ND OH OK OR PA VT VA WA WV WI WY PR nsation by checking this box and attaching Item 12 Continuation Page(s).
(a) Total Offering Amount	OR 🗵 Indefinite
(b) Total Amount Sold \$ 14,912,659.64	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	OR 🗵 Indefinite
U.S. investors only - net of withdrawals.	
Item 14. Investors	
number of such non-accredited investors who already have inve	
Enter the total number of investors who already have invested i	in the offering: 59
Item 15. Sales Commissions and Finders' Fees B	Expenses
Provide separately the amounts of sales commissions and finder check the box next to the amount.	rs' fees expenses, if any. If an amount is not known, provide an estimate and
	Sales Commissions \$ Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ Estimate
All placement agent fees are paid from amounts otherwise Issuer's managers and not borne by the Issuer or investors	

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 16. Use of Procee	ed:	roce	Pre	οf	Use	16.	ltem.
------------------------	-----	------	-----	----	-----	-----	-------

Number of continuation pages attached:

item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or i used for payments to any of the persons required to be named as exdirectors or promoters in response to Item 3 above. If the amount is unknestimate and check the box next to the amount.	xecutive officers, \$ 7,000
Clarification of Response (if Necessary)	
	cash fee in an amount equal to 0.375% of partner capital account to 10% of realized and unrealized limited partner capital account
Signature and Submission	
Please verify the information you have entered and review the T	erms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:
Irrevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of bur process, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excha Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of busine	nce with applicable law, the information furnished to offerees.* EC and the Securities Administrator or other legally designated officer of siness and any State in which this notice is filed, as its agents for service of in its behalf, of any notice, process or pleading, and further agreeing that y Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or Indirectly, upon the inge Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requi "covered securities" for purposes of NSMIA, whether in all instances or	ional Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, ire information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot se and can require offering materials only to the extent NSMIA permits them to do
	to be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
lssuer(s)	Name of Signer
HarborLight Diversified Fund, L.P.	Dean G. Tanella
Signature	Title
that I	President of General Partner
,	Date

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OM8 number.

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
HarborLight Capital Management,	LLC		
Street Address 1		Street Address 2	
5002 W. Water Avenue			
City	State/Province/Country	ZIP/Postal Code	
Tampa	Florida	33634	
Relationship(s): Executive Offic	er Director Promoter		
Clarification of Response (if Necessary)	General Partner of General F	Partner	
	_		
Last Name	First Name		Middle Name
Tanella	Dean		G.
Street Address 1	<u> </u>	Street Address 2	
5002 W. Water Avenue			
City	State/Province/Country	ZIP/Postal Code	
Tampa	Florida	33634	
Relationship(s): X Executive Office	er X Director X Promoter		
Clarification of Response (if Necessary)			
	· 		
Last Name	First Name		Middle Name
GunnAllen Holdings, Inc.			
Street Address 1		Street Address 2	
5002 W. Water Avenue			
City	State/Province/Country	ZIP/Postal Code	
Tampa	Florida	33634	
Relationship(s):	er Director X Promoter		
Clarification of Response (if Necessary)			
, , , , , , , , , , , , , , , , , , , ,			
			Mai-Julia Niama
Last Name	First Name		Middle Name
CA		Street Address 2	
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
City	States rovinces country	Zir /1 Ostal Code	
Relationship(s): Executive Office			
Clarification of Response (if Necessary))		